



VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM
CONTINUING EDUCATION EQUIVALENCY PETITION

Please Print or Type all Information Read **INSTRUCTIONS** before completing

Name - **PRINT AS IT APPEARS ON YOUR CERTIFICATE**

Mailing Address – Street address or PO Box (Do not leave blank)

(City)

(County)

(State)

(Zip Code)

(Home Phone)

(Work Phone)

(Cell Phone)

(Fax)

Email

Business/Organization Name/ Employer

Title

YOUR CASp CERTIFICATION IDENTIFICATION NUMBER:

EQUIVALENT ACTIVITY and/or COURSE TITLE	Date Completed			ACTIVITY UNITS/HRS	DSA Use Only	BRIEF DESCRIPTION
	Mo.	Day	Yr.			

(COMPLETE USING PAGE 2, and ADDITIONAL SHEETS IF NECESSARY)

CERTIFICATION

I certify under penalty of perjury that the above information and attached documentation is true and correct. I will furnish to the Department of General Services, Division of the State Architect evidence of the information and attached documentation upon request.

APPLICANT SIGNATURE

DATE SIGNED

FOR DSA OFFICE USE ONLY

CEU Petition ☐ Granted ☐ Denied

Extension Request ☐ Accepted ☐ Denied

Initial: _____

RENEWAL STATUS

☐ ON TIME ☐ LATE

DSA Received Date: _____



Please Print or Type all Information **ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS**

Name PRINTAS IT APPEARS ON YOUR CERTIFICATE: _____

YOUR CASp CERTIFICATION IDENTIFICATION NUMBER: _____

This space is provided to record Equivalent Activity or Course information that does not fit on page 1

EQUIVALENT ACTIVITY and/or COURSE TITLE	Date Completed			ACTIVITY UNITS/HRS	DSA Use Only	BRIEF DESCRIPTION
	Mo.	Day	Yr.			